File Number: 46099	
For the reporting period ended December 31, 2005	
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NOV 2006

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-0	337					
Expires: September 30, 2	006					
Estimated average burden						
hours per full response 6	6.00					
Estimated average burden						
hours per intermediate						
response	.50					
Estimated average burden						
hours per minimum						
response	.50					

## **FORM TA-2**

## FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

		name of Registrant as stated in Question 3 of Form TA-1; not use Form TA-2 to change name or address.)	
	L	ife Sciences Research, Inc.	
2. (		During the reporting period, has the Registrant engaged a service com(Check appropriate box.)	pany to perform any of its transfer agent functions?
		☐ All ☐ Some ☒ None	
1	b.	If the answer to subsection (a) is all or some, provide the name(s company(ies) engaged:	) and transfer agent file number(s) of all service
		Name of Transfer Agent(s):	File No. (beginning with 84- or 85-):
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		PROCESSED	
		NOV 0.2 and	
		THOMAS	
		FINANCIAL	
(		During the reporting period, has the Registrant been engaged as a ser transfer agent functions?	vice company by a named transfer agent to perform
		☐ Yes	
•		If the answer to subsection (c) is yes, provide the name(s) and file nur Registrant has been engaged as a service company to perform transfe complete and attach the Supplement to Form TA-2.)	
		Name of Transfer Agent(s):	File No. (beginning with 84- or 85-):

3.	a. Registrant's appropriate regulatory agency (ARA): (Check one box only.)  Comptroller of the Currency Federal Deposit Insurance Corporation Board of Governors of the Federal Reserve System Securities and Exchange Commission									
	b. During the reporting period, has the Registrant amended Form TA-1 within 60 calendar days following the dainformation reported therein became inaccurate, incomplete, or misleading? (Check appropriate box.)									
			amendment(s) to file amendmable	nent(s)						
_	c.	If the answer	to subsection (l	o) is no, pro	vide an exp	lanation:				
4.	Nu		_	·	-	s 4-11 below i				
5.	a.									
	Ъ.	Number of individual securityholder dividend reinvestment plan and/or direct purchase plan accounts as of December 31:								
	c.	Number of individual securityholder DRS accounts as of December 31:								
	d.	Approximate percentage of individual securityholder accounts from subsection (a) in the following categories as of December 31:								
		Corporate Equity Securities	Corporate Debt Securities	I	Open-End nvestment Company Securities	Limited Partnersh Securitie	ip	· ·	pal Debt rities	Other Securities
		100%	0		0	0			0	0
6.	Nu	imber of securit	ies issues for w	hich Regist	rant acted in	the following	capaci	ties, as of	December 31	:
					rporate curities	Investment Partnership Debt		Municipal Debt Securities	Securities	
	_	Danafarra (4)	- F	Equity	Debt	Securities	30		Securities	

- Receives items for transfer and maintains the master securityholder files:
- b. Receives items for transfer but does not maintain the master securityholder files:
- c. Does not receive items for transfer but maintains the master securityholder files:

Corporate Securities		Open-End Investment Company	Limited Partnership Securities	Municipal Debt Securities	Other Securities	
Equity	Debt	Securities	355411.5.5	occurrences		
1	0	0	0	0	0	
0	0	0	0	0	0	
0	0	0	0	0	0	

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
May 25, 2006	64	0

b. Number of lost securityholder accounts that have been reporting period:	_
SIGNATURE: The Registrant submitting this Form, and the prinformation contained in the Form is true, corrections.	person signing the Form, hereby represent that all the rect, and complete.
Manual signature of Official responsible for Form:	Title: General Counsel
OMSN	Telephone number: 201-525-1819
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):

Mark Lewis Bibi

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## LIFE SCIENCES RESEARCH, INC.

401 Hackensack Avenue 9<sup>th</sup> Floor Hackensack, NJ 07601

> Phone: 201-525-1819 Fax: 201-525-1331 Email:

2006

November 1, 2006

VIA CERTIFIED MAIL

Securities and Exchange Commission 100 F Street, NE Washington, DC 20549

Re: Form TA-2; File No. 8406094

Dear Sirs:

Enclosed for filing on behalf of Life Sciences Research, Inc., which serves as the transfer agent for its own outstanding common stock, are one original execution copy and two photocopies of Form TA-2. Thank you.

Sincerely,

Mark L. Bibi

Secretary and General Counsel

(encl.)